

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
Date of Meeting: Wednesday, February 03, 2021
Preferred Drug List Final**

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE ANTI-INFECTIVES

Subclasses Reviewed

- Skin and Mucous Membrane Antibacterials**
- Skin and Mucous Membrane Antivirals**
- Skin and Mucous Membrane Antifungals**
- Skin and Mucous Membrane Scabicides and Pediculicides**
- Skin and Mucous Membrane Local Anti-infectives, Miscellaneous**

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE ANTI-INFLAMMATORY AGENTS

Subclasses Reviewed

- Skin and Mucous Membrane Corticosteroids**
- Skin and Mucous Membrane Nonsteroidal Anti-inflammatory Agents**
- Skin and Mucous Membrane Anti-inflammatory Agents, Miscellaneous**

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE ANTIPRURITICS AND LOCAL ANESTHETICS

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE ASTRINGENTS

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE KERATOLYTIC AGENTS

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE KERATOPLASTIC AGENTS

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS

AHFS Drug Class Reviewed: SKIN AND MUCOUS MEMBRANE CELL STIMULANTS AND PROLIFERANTS

AHFS Drug Class Reviewed: DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

Skin and Mucous Membrane Antibacterials

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	CENTANY* CLEOCIN* CLINDESSE CORTISPORIN METROGEL-VAGINAL* NEO-SYNALAR NUVESSA VANDAZOLE* XEPI

*Denotes generic available in at least one dosage form or strength
 Drug name denotes all dosage forms and strengths unless noted

Skin and Mucous Membrane Antivirals

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	ZOVIRAX CREAM	DENA VIR XERESE ZOVIRAX OINTMENT*

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Skin and Mucous Membrane Antifungals

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	CICLODAN* ERTACZO EXELDERM EXTINA* GYNAZOLE-1 JUBLIA KERYDIN* LOPROX* LUZU* MENTAX NAFTIN* ORAVIG OXISTAT* VUSION*

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Skin and Mucous Membrane Scabicides and Pediculicides

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ELMITE* EURAX* lindane (generic) NATROBA* OVIDE* SKLICE*

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Skin and Mucous Membrane Local Anti-infectives, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	SILVADENE* SSD* SULFAMYLON*

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Skin and Mucous Membrane Corticosteroids

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	CAPEX SHAMPOO	ANUSOL-HC* APEXICON E BESER BRYHALI CLOBEX* CLODAN* CLODERM* CORDRAN CORTENEMA* CORTIFOAM CUTIVATE* DERMA-SMOOTH/FS* DESONATE DIPROLENE* HALOG KENALOG* LEXETTE LOCOID LOCOID LIPOCREAM LUXIQ* OLUX* OLUX-E* ORALONE* PANDEL PROCTOFOAM-HC PSORCON* SYNALAR* TEMOVATE* TEMOVATE EMOLLIENT* TEXACORT TOPICORT* TOVET TRIANEX* ULTRAVATE* VANOS*

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° Denotes agent is preferred with clinical criteria in place.

Skin and Mucous Membrane Nonsteroidal Anti-inflammatory Agents

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	None

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Skin and Mucous Membrane Anti-inflammatory Agents, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	EUCRISA ^{CC}	None

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Skin and Mucous Membrane Antipruritics and Local Anesthetics

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	LIDODERM* PRUDOXIN* SYNERA ZONALON* ZTLIDO

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Skin and Mucous Membrane Astringents

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	None

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Skin and Mucous Membrane Keratolytic Agents

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	BENSAL HP SALEX URAMAXIN

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Skin and Mucous Membrane Keratoplastic Agents

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	None

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Skin and Mucous Membrane Agents, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	ELIDEL*	ALDARA* CONDYLOX DOVONEX* DUOBRII ENSTILAR pimecrolimus (generic) PODOCON-25 PROTOPIC* RECTIV SANTYL SORIATANE* SORILUX TACLONEX* TAZORAC* VECTICAL* VEREGEN ZYCLARA*

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Skin and Mucous Membrane Cell Stimulants and Proliferants

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	REGRANEX

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DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	CIMZIA ^{CC} ENBREL ^{CC} HUMIRA ^{CC}	ACTEMRA ARAVA* AVSOLA INFLECTRA KEVZARA KINERET OLUMIANT ORENCIA OTEZLA REMICADE RENFLEXIS RINVOQ SIMPONI SIMPONI ARIA XELJANZ XELJANZ XR

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